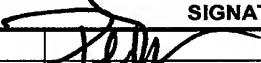


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/622,932								
		<b>Filing Date</b>	July 18, 2003								
		<b>First Named Inventor</b>	Subhashis Banerjee								
		<b>Title</b>	TREATMENT OF PSORIASIS USING TNF-ALPHA ANTIBODIES								
		<b>Art Unit</b>	1643								
		<b>Examiner Name</b>	David J. Blanchard								
		<b>Attorney Docket No.</b>	117813-18705								
I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:		87501									
<b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Registration Number	Name	Registration Number						
Name	Registration Number	Name	Registration Number								
Please recognize or change the correspondence address for the above-identified application to:											
<input type="checkbox"/> The address associated with the above-mentioned Customer Number: <b>OR</b> <input checked="" type="checkbox"/> The address associated with Customer Number:		87501									
<b>OR</b> <input type="checkbox"/> Firm or Individual Name											
Address											
City	State	Zip									
Country	Telephone	Email									
I am the:											
<input type="checkbox"/> Applicant/Inventor. <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i>											
<b>SIGNATURE of Applicant or Assignee of Record</b>											
Signature			Date								
Name	Paul D. Yasger		Telephone								
Title and Company	Assistant Secretary										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.											